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CONFIRMATION NO. 7710

SERIAL NUMBER 09/848,411	FILING DATE 05/04/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. Jeske 6-11/2925-0555P					
APPLICANTS Daniel R. Jeske, Monmouth, NJ; Ashwin Sampath, Somerset, NJ;									
** CONTINUING DATA ***** <div style="text-align: right; margin-right: 100px;">JP</div>									
** FOREIGN APPLICATIONS ***** <div style="text-align: right; margin-right: 100px;">JP</div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2001									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>JP</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 15%; padding: 5px; text-align: center;"> STATE OR COUNTRY NJ </td> <td style="width: 15%; padding: 5px; text-align: center;"> SHEETS DRAWING 2 </td> <td style="width: 15%; padding: 5px; text-align: center;"> TOTAL CLAIMS 24 </td> <td style="width: 10%; padding: 5px; text-align: center;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>JP</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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ADDRESS BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church ,VA 22040-0747									
TITLE Method of estimating a signal-to-interference+noise ratio (SINR)									
FILING FEE RECEIVED 782	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
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